Schedule Twenty-One - **Form of Nomination**

UQ

Surname: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

Given Name(s): ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

Name to appear on ballot: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

Enrolled Program (i.e. BA, BSc): ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

Student Number: ⬜⬜⬜⬜⬜⬜⬜⬜

Contact Details:

Postal Address: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

Suburb: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ Postcode: ⬜⬜⬜⬜

Email: ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜
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If elected, do you wish for your address and phone number to be distributed to other councillors? [   ] Yes   [   ] No

I consent to be nominated as a candidate for the position of:

_____   _____
(position)   (electoral group)

If you are sharing this nomination with another candidate or candidates, please list their names below. For positions where there are more than ten candidates, please attach a schedule of candidates.

_____   _____   _____

_____   _____   _____

_____   _____   _____

I declare that I will accept the position if elected. I agree to comply with the Union's Constitution and Regulations in regard to this election. I understand these include provisions whereby if this form is not correctly filled out (including student numbers etc.) my nomination may be rejected.

I declare that I am eligible to run for the position I have nominated for.

I authorise the Returning Officer to confiscate any material in contravention of the Constitution or Regulations produced by or for the benefit of myself or my electoral group (if applicable) where such material is in contravention of the Constitution or Regulations, or is defamatory and where such material is published anywhere on the University campus and I acknowledge that any costs incurred by the Returning Officer in doing so may be recovered against me as a civil debt.

_____   _____/_____/_____
(personal signature of candidate)   (date)

This schedule must be completed with at least two valid nominators.

NOMINATOR

_____
surname   given name(s)   student number   enrolled program

NOMINATOR   _____
                                                                                           personal signature of nominator

_____
surname   given name(s)   student number   enrolled program

NOMINATOR   _____
                                                                                           personal signature of nominator

_____
surname   given name(s)   student number   enrolled program

                                                                                  _____
                                                                                           personal signature of nominator